

REG. D

R/OPD-02/1

COSMOPOLITAN HOSPITALS Pvt. Ltd.
THIRUVANANTHAPURAM - 695 004

Name Mrs. JYOTHY N K

Age 50Y Female

Pat No R001195015

Addr SREENILAYAM
NEDUMANGADU

CM18-083877

19-12258



OUT PATIENT RECORD

Date	Notes	Investigation
<p>25/4/19 12.15pm</p>	<p>low hpt B. Abnml, MPT Dyspepsia</p> <p>Liver - size (N) - echogenicity ↑</p> <p>No IHBD. Spleen (N) Imp → Fatty liver</p> <p>pt had episodic breathlessness OA for past 20-30 years was on 2000 to 2500ug twice daily x 7 days now not well controlled. She had exacerbations</p>	<p>twice / month</p>

OUT PATIENT RECORD

Had allergic rhinitis.

No aggravation of cough & breathlessness on exposure to cold.

No dust allergy -

No h/o food allergy. No drug allergy.

K/o Hep B (HBsAg +ve) on regular medicine
H/o DLP

No h/o DM / HTN.

Now she had cough - 1 month

& mucoid expectoration

No hemoptysis.

~~No h/o weight~~ H/o weight loss ~ 3 kg over 3 months
[on diet control]

No h/o fever.

OK - chest clear.

chest x-ray
done
2.10.16
OK

Dr. [Signature]
For
Dr. Madhu

OUT PATIENT RECORD

25/1/19

1-30 pm

3 pm. Symptoms became frequent last
one month.

Clear-clear.

AEC 1720

SIGE - 3779

TC - 6870

Medh

Adelgus 100 tabs

Xygal Syg HS

Adelle Gy Sol

Levamis Ad HS.

Pantodol 20mg HS.

1wk.

19/2/19.

3.30 pm

Scattered wheezes

Medh

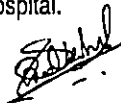
OUT PATIENT RECORD

DECLARATION

I, the undersigned hereby agree to the Hospital authorities to carryout whatever investigation treatment or procedures ordered by my Physician / Surgeon for myself / my relative.

I also hereby agree to abide by the rules & regulations of the Hospital.

Signature of the Patient / Relative :



Name :

If signed by the relative specify the relationship :